

Spring ISD Athletic/Insurance Coverage – 2009-2010

Plan A80 – SCHEDULE OF BENEFITS – Policy # AFK0080080

When a covered injury to an Insured results in treatment by a legally qualified physician beginning within 90 days after the date of accident, the Company will pay benefits as shown below. Only Covered Accident Medical Services expenses incurred by the Insured within 52 weeks from the date of accident are covered. Benefits for any one accident shall not exceed, in the aggregate, the Accident Medical Benefit Maximum of \$25,000.00, subject to a \$250 deductible per covered injury.

Deductible \$250

HOSPITAL SERVICES

Room & Board – Semi-Private room rate per day, to a maximum of \$300.00
When a semi-private rate has not been established, the benefit will be 80% of the most common Private Room charge not to exceed the maximum Plan benefit shown.

Intensive Care – (in lieu of Room & Board Benefit) – 2 times Room & Board benefit, to a maximum of \$600.00

Miscellaneous Services (during hospital confinement only) URC Charges incurred

daily charges – First day of confinement – maximum benefit \$1,000.00

Second day of confinement and each day thereafter – maximum benefit \$750.00

Maximum Miscellaneous Services Benefit Policy Maximum

Registered Nurse – Expenses of an R.N., when doctor prescribed, during hospital confinement only U&C Charges

Emergency Room Outpatient – (Includes room charge and supplies) a maximum of 80% of U&C Charges

DOCTOR'S SERVICES (Inpatient or Outpatient)

Surgery (includes pre- and post-operative care), a maximum benefit of 80% of U&C Charges
When more than one surgical procedure is performed through the same incision or in immediate succession, only one surgical procedure, that with the highest benefit will be paid.

Assistant Surgeon – (benefit is shown as a percentage of the surgery benefit actually paid) 20%

Anesthetist – (benefit is shown as a percentage of the surgery benefit actually paid) 25%

Combined benefits for Assistant Surgeon and Anesthetist shall not exceed Policy Maximum

Doctor's Visits – including supplies (Not payable when Surgery Benefit is paid)

First day of treatment – a maximum of 80% of U&C Charges

Each subsequent day of treatment – a maximum of 80% of U&C Charges

SURGICAL CENTERS / HOSPITAL OUTPATIENT SURGICAL FACILITIES

All services payable as though confined except benefits shall not exceed the surgery benefit paid – to a maximum of \$2,000.00

OUTPATIENT X-RAY & DIAGNOSTIC IMAGING SERVICES (Inpatient covered under Hospital Miscellaneous

Services)

Other than Dental – limited to injured area and included interpretation and reading. 80% of U&C Charges

Diagnostic Imaging (CAT Scan, MRI, etc.) includes fees for interpretation and/or reading, a maximum of \$500.00

AMBULANCE Ground transportation to or from a Hospital – maximum per injury U&C Charges

BRACES & APPLIANCES When prescribed by the treating doctor for the treatment of the injury as required for healing – 80% of U&C Charges to a maximum benefit of \$250.00

SHOTS & INJECTIONS When prescribed by a doctor as necessary treatment of the injury and administered within 24 hours of the injury – a maximum of \$25.00

PHYSIOTHERAPY OR SIMILAR TREATMENT When Hospital Confined (included under Hospital Miscellaneous) In Doctor's Office (to include office visits) - \$40.00 per visit 10 Visits

EXTENDED DENTAL BENEFIT Treatment, repair or replacement of each injured natural tooth, Includes expenses incurred for examination, diagnosis and X-rays, a maximum of \$10,000.00

OUTPATIENT PRESCRIPTION DRUGS When prescribed by a doctor for a covered injury, a maximum of \$25.00